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REPORT OF RECEIPTS

	Other Than	An Authorize		Office	Use Only	
1. NAME OF COMMITTEE (in full)	PE OR PRINT V	▼ Example: If typing, type over the lines.		12FE4M5	12FE4M5	
Hometown Freedom Acti	on Network					
ADDRESS (number and street)	8913 Cincin	nati-Dayton I			<u> </u>	
Check if different than previously reported. (ACC)	West Chester			OH 4506	9 3131	
2. FEC IDENTIFICATION NUMBER ¥		CITY A		STATE	STATE ▲ ZIP CODE ▲	
C 00528901	ÿ	3. IS THIS REPORT	· 🗓 NEW (N) (OR (A)	0	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Jun 20 (Service growing	Year Only)	
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Eli	Apr 20 (M4)	Jul 20 (I	General (12G)	Jan 31 (YE) Runoff (12R)	
October 15 Quarterly Report (Q3) January 31	Report	9.4V	Convention (12C)	T B	in the	
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	44.0	General (30G)	Runoff (30R)	State of Special (30S)	
Termination Report (TER)	Report	for the: Election on	THEN ! TO TO	/ Figure And Annual Control	in the State of	
5. Covering Period 11	27	2012	through 1	2 31 5201	2	
I certify that I have examined this Type or Print Name of Treasurer	•		owledge and belief it tant Treasurer	is true, correct and compl	ete.	
Signature of Treasurer	MRE			Date 01	31 2013	
NOTE: Submission of false, erroneous Office Use Only	s. or incomplete i	nformatien may s	ubject the person sign		C FORM 3X Rev. 12/2004	